

Effective December 29, 1999

Application or Docket Number

09/543536

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
FOR		NUMBE	R FILED	NUMBER E	XTRA	RATE	FEE		RATE	FEE
ВА	SIC FEE	<u> </u>					345.00	OR	-100	690.00
то	TAL CLAIMS	20								
IND	EPENDENT CLA	IMS 4	minus 3	= *		X39=		OR	X78=	18:00
MULTIPLE DEPENDENT CLAIM PRESENT								OR	+260=	
* If	the difference in	n column 1 is l	ess than zer	+130= TOTAL	, - · · · · ·	OR	TOTAL	768.00		
CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY			THAN
AMENDMENT A	H	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 46	Minus	20	=26	X\$ 9=		OR	X\$18=	4/2
	Independent	. 4	Minus	*** 4	=	X39=		OR	X78=	4
<u>∢</u>	FIRST PRESEN	ITATION OF M	ULTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
		(O - h 4)		(Calumn 2)	(Column 2)	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	pa
		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESEN	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL		OR	TOTAL	
		(O a luman 4)		(Calumn 0)	(Column 3)	ADDIT. FEE	L		ADDIT. FEE	
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM				1		†
	If the entry in colun	nn 1 is less than t	he entry in colu	mn 2. write "0" in co	olumn 3.	+130=		OR	+260= TOTAL	 _
. **	If the "Highest Nun If the "Highest Nur The "Highest Num	nber Previously P nber Previously P	aid For" IN THIS Paid For" IN THIS	S SPACE is less that S SPACE is less that	an 20, enter "20.' an 3, enter "3."		<u> </u>	OR ox in c	ADDIT. FEE	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/543536

Total Fee Calculation

			- 02.00.2		4	•	
	Fee Cade	Total # Cluims	Number Extra	Х	Fee	Fcc -	Total T
	Sm./Lg.		·		Sm. Enticy	Lg Entiry	
Busic Filing Fee	201/101					690,00.	690,00
Total Claims >20	203/103	-20 -		Х		•	
Independent Claims > 1	202/102	4 .1 -		X		78,00 .	78,00
Mult. Dep Claim Present	204/104						12/60
Surcharge	205/105					130.00	130,00
English Translation	139						
TOTAL FEE CALCULA	MOIT						878100
Fees due upon filing t	se application:		••				
Total Filing Fees Due	= \$	878.00				•	
Less Filing Fees Submi	ned - \$						
BALANCE DUE	= S	878,00					
A. Zhom-							
Office of Initial Patent E	xamination						
		l·ion	7				

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)